THE BROOKLYN/LONG ISLAND CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS
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THE NEW YORK CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS

NEW YORK STATE Neurological Society

December 3, 2020

The Honorable Andrew Cuomo
Governor, State of New York
State Capitol, Executive Chamber
Albany, NY 12224

Dear Governor Cuomo:

The recent resurgence of the COVID-19 virus across the country has many states near or at bed and ICU capacity, and health care facilities are again struggling to meet the needs of patients presenting for essential surgery.

The above listed organizations call on the state to:

- Define a clear plan to decompress ICUs
- Maintain emergency access to critical medical and surgical care
- Avoid a prohibition on medically necessary / essential surgeries
- Operationalize a safe and effective vaccination program
- Support interventions to secure additional PPE

Decompressing ICUs

It is imperative that health care organizations, physicians and nurses must be able to meet the escalating demands for patients hospitalized with COVID-19 and those in need of essential surgical services. Currently, the state does not have an integrated trauma system where the pre-hospital system is linked to the hospital system. We recommend the development of a plan for where trauma patients are going as each trauma center is overwhelmed.

We Support the following concepts as announced by the Governor in his 5-point plan:

- Hospital systems must begin balancing patient loads across their individual hospital facilities;
- Prepare plans to staff and utilize emergency field hospitals;
- Prepare plans to increase hospital bed capacity by 50 percent;

Our recommendation / ask: The surgical community is asking to work directly with the Governor, Department of Health and legislators as the State further defines a plan to decompress ICUs that will reach capacity with COVID patients. Let's not forget the Comfort and Javits Center were not equipped to take COVID patients who needed ICU level care nor could EMS transport trauma patients from the pre-hospital scene in the event that a trauma center had reached capacity and could no longer accept trauma patients. The health of New York is dependent on what happens next.

Maintaining Access

Together with emergency medicine physicians and critical care medicine physicians, trauma and critical care surgeons are the primary care physicians of individuals with life threatening injuries. Emergency medical and surgical treatment are essential to their survival, as is also true of medical patients suffering from heart attacks and strokes, and surgical patients requiring emergency treatment for general surgical diagnoses such as appendicitis and similarly life threatening general surgical conditions. While critical care resources must continue to be provided to those whose COVID-19 disease manifestations are especially serious, patients with injuries, heart attacks, strokes, and general surgical emergencies are no less in need of, or deserving of, life sustaining care. Emergency and critical care resources for these patients are essential public health services and should not be neglected despite the overwhelming need of patients infected with the COVID-19 virus.

Additionally, across the country and New York, physicians, nurses, techs, and other members of the team are retiring, resigning, or getting sick themselves. For example, in one hospital in Central New York, a large group of lab techs resigned after having to work extra shifts to help meet the extra demand. As a result, a system that was already highly strained has reached its breaking point and now lab tests, including COVID tests, take much longer than ever before. Supporting and sustaining healthcare staff is a key component of any disaster preparedness plan.

Our recommendation / ask: We request a formal response on the state's plan for maintaining hospital capacity during the second wave for emergency care (e.g. trauma, stroke, cardiac arrest, emergency general surgery, and OB) and for medically necessary / essential surgeries (e.g. cancer and hernias).

Avoid a Prohibition on Medically Necessary and Essential Surgeries

During the first wave, surgical practices were required to eliminate what was deemed as elective surgical procedures, resulting in reduced patients visits and access to care. "Elective" does not mean "not medically necessary." The unintended consequences of a mandated closure of surgical care resulted in patients avoiding routine care or surgical interventions resulting in more severe disease requiring more difficult surgery with the potential for worse outcomes. This includes malignant masses which grew larger, spread (metastasized), increased morbidity and mortality. For example, a delayed colonoscopy or endoscopy can allow cancer to grow undetected, which in turn can greatly impact a patient's treatment regimen, quality of life and health care outcome. Patients deserve the right to make these types of health care decisions themselves rather than not having the opportunity provided to them.

In fact, in a recent study by Poeran et al (Cancellation of Elective Surgery and Intensive Care Unit Capacity in New York State: A Retrospective Cohort Analysis, Anesth Analg, November 2020;131: 1337-1341) it was noted that over a 5-year period of ICU admissions throughout NY State, a small fraction of ICU bed and mechanical ventilation utilization was by patients being admitted for elective surgery. Of approximately 1.2 million ICU admissions a year, patients admitted to an ICU after an

elective procedure comprised approximately 13%. Most admissions were due to emergent or trauma and medical admissions. Based on this data, the authors concluded that the suspension of elective surgeries in response to the Covid-19 pandemic may have a minor impact on ICU capacity when compared to other sources of ICU admission.

Our recommendation / ask: We strongly advise against a mandated closure of medically necessary and essential surgeries as part of addressing the second wave strategy. It is important to note that since all patients are being tested, likelihood of these surgery cases spreading COVID-19 is extremely remote. Surgeons and providers should be the ultimate decision makers regarding the appropriate site of service for their patients keeping in mind quality, safety, and risks. With continued state guidance and coordination, hospitals, ambulatory surgical facilities and office based surgical facilities should be given the data and guidance to allow the appropriate level of elective cases best indicated by their medical staff, administration and current needs of the community.

Operationalize an Equitable and Safe Vaccination Program

The above listed organizations support the states approach to distribute vaccinations in a fair, equitable and safe manner. We agree this approach, coupled with focused outreach to the Black and Brown communities with poor health outcomes who have been hit hardest by the pandemic, are important for ensuring a fair distribution of the vaccine.

Secure Additional PPE

We are supportive of the Governor's concept to confirm availability of resources in existing stockpiles as mentioned in the recent 5-point plan.

A recent physician survey conducted by the Medical Society of the State of New York (MSSNY) noted that nearly 2/3 of the physician respondents indicated that they are at least "sometimes" finding it difficult to obtain needed PPE. Over 40% of the physician respondents have indicated that it takes them at least 4 weeks to get their PPE from when they order it; while 53% of the physician respondents said the cost of PPE has gone up by at least 25% compared to pre-pandemic levels, and nearly 1/3 have said the cost has gone up by more than 50%. Of greatest concern, 1/3 of the physician respondents indicated that the lack of available/affordable PPE has adversely impacted their ability to care for their patients.

Recent data is also showing that the failure rate of N95 masks increases with the extended use of >2-3 days. Thus, an idea that healthcare workers should be reusing one single N95 mask for a week or longer is dangerous. Our healthcare workers need to have access to additional PPE like N95masks for their own personal safety.

Senator Schumer and the several other US Senators who have advanced legislation to increase the production and distribution of critically needed personal protective equipment (PPE) such as N-95 masks.

These types of strategies will help make PPE more readily available to our community physician practices so that they can continue to provide the care needed by their patients.

Our recommendation / ask: We impress upon New York the urgent need for financial interventions that will help make PPE more widely available to our community physician practices and hospital systems.

cc: Honorable Howard A. Zucker, M.D., J.D., Commissioner of Health of the New York State Department of Health; Marcus Friedrich, MD, MBA, FACP, Chief Medical Officer, Office of Quality and Patient Safety of the New York State Department of Health; Honorable members of the New York State Senate; Honorable members of the New York State Assembly